

The logo for NOSHSA (National Outside School Hours Services Alliance) features the acronym 'NOSHSA' in white, bold, sans-serif capital letters. The text is contained within a dark blue, irregular shape that resembles a stylized speech bubble or a drop. This shape is positioned on the left side of the page, overlapping a decorative orange and yellow swoosh that curves across the top. The background of the page is white with a faint, light grey illustration of a coronavirus particle on the left and bottom right.

# National Outside School Hours Services Alliance (NOSHSA)

## Management Plan & Position Statement to slow the spread of COVID-19: for Australian Outside School Hours Care (OSHC) Services

This document is a modification of the Goodstart Early Learning and United Workers Union Joint Position to slow the spread of COVID-19. We are thankful for the permission to customise this critical guidance for the OSHC sector.

### Background

The Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 18 March 2020, has provided high-level risk mitigation measures for the education and care services sector. This document highlights the sector's adherence to these measures and how each service is achieving this in the service in partnership with their OSHC workforce.

While educators can practice social distancing from parents and each other, they cannot always practice social distancing with primary school age children. Therefore, they need to be confident about the steps being taken to reduce the risk of any infection getting into their environment.

The United Workers Union has proposed a six-point plan to give educators and parents the confidence that education and care services are as safe as possible for everyone. This management plan is an important document, and NOSHSA supports the broad intent of the plan.

While the majority of the measures in the plan are already implemented in one form or another at the service level, it is acknowledged that collaboration between the sector, health professionals and other relevant organisations to achieve a shared view of the measures all services can take to keep children and staff safe, sector wide.

This document reflects what the service is doing and will be doing to make our environments safe. We welcome ongoing engagement with our service managers and coordinators, educators and with other relevant organisations on safety issues, and will continue to provide regular updates, particularly as advice and practices change.

### Managing Workplace Health and Safety

The service's plans must meet or exceed the requirements of the National Quality Standard: Quality Area 2, the relevant legislated workplace health and safety requirements and the requirements of the federal, state and territory health authorities. At no point can any of the service's decisions supplant any workplace health and safety laws or the most recent health department advice on COVID-19.



## Step 1: Attendance and Interaction with Families

We acknowledge that every OSHC service is uniquely designed and operated. This means that services have different physical arrangements and areas typically used for signing children in and out during arrival and departure times. It is important to note that the Government's requirement on social distancing must not be compromised by any arrival or departure practice. The plan outlines the risk assessment considerations that must be discussed with all staff members, before practices can be fully implemented. This supports the service to comply with the requirements of the Educational and Care Services National Regulations 168 & 170.

The service has established procedures for educators to monitor the health of children in the service and these are more important than ever and should be enhanced in the current environment.

1. Families will be strongly encouraged to complete temperature self-checks of their own child on arrival. Where a family does not wish to participate in completing a self-check of their child, the educator should discuss with the family whether the child has been well overnight and look for signs and symptoms that indicate they are not well. An educator can make the decision with the responsible person to refuse care for the day based on their assessment.
2. A child must not attend care with a temperature higher than 38 degrees, where this is related to an illness. If a child has a temperature over 38 degrees an educator must discuss with the family whether the child has been well overnight and look for signs and symptoms that indicate they are not well. Children who are unsettled or who have been recently active can have higher skin temperatures, this does not mean they are unwell. An educator can make the decision with the responsible person to refuse care for the day based on their assessment.
3. Thermometers will be made available for families to test their child's temperature on arrival each day, ideally thermometers can read temperature without physical contact (i.e. infrared). A family can choose to bring their own thermometer for personal hygiene reasons if preferred.
4. Thermometer covers and cleaning supplies must be available for families to clean the thermometers. Where a child has their temperature taken at the service, the thermometer used must be cleaned prior to use and must be cleaned again immediately after use.
5. Families must not give their child/ren any fever reducing medication (e.g. paracetamol or ibuprofen) prior to drop off or attendance at the service.
6. **Any unwell child/ren will be refused access and the parent will be told to take the child/ren home.**
7. The child will only be accepted upon a subsequent day if:
  - a) Their temperature has dropped to 37.5 degrees or lower for at least 24 hours; and
  - b) They are **not** displaying any of the following signs or symptoms:
    - has trouble breathing
    - becomes drowsy or unresponsive
    - unexplained or persistent cough
    - seems dehydrated, refuses to drink or is weeing less often
    - complains of a stiff neck, persistent headache or light hurting their eyes
    - vomits persistently, or has frequent bouts of diarrhea
    - suffers pain or is continuously crying
    - is causing the educator or parent to worry for any other reason.

8. Families must ensure the interactions with any educators or service staff are limited to less than 15 minutes and promote physical distance throughout interactions. This will help reduce the risk of any face-to-face transmission.
9. Only one family member can attend the service at a time unless a family is dropping off multiple children and requires additional assistance.
10. Families who require longer conversations regarding their child's care and education should be contacted by phone, email or video to ensure there is continuity of care and support for their child.
11. A risk assessment must be undertaken with the arrival and departure process. This assessment must be completed before any practice can be implemented and all staff consulted on any changes. The arrival and departure process should consider:
  - Families queuing outside in the carpark.
  - Ensuring a steady flow of people and families are not clustering in any area.
  - There must be 2 metres between each family. There is an additional 0.5 metre allowance to include the child.
  - Educators must use hand sanitiser between child collections.
  - Staff should mark a coloured cross on the floor where families sign in/out and measure 2 metres from this point. The next cross should be placed 2 metres from the last one.
  - Two staff members should be rostered to complete the role of family greeter. One staff member should wait at the entrance to the service while the other supports the child to their area.
  - The role of family greeter must be rotated every 15 minutes to ensure that the same staff member is not continually exposed to other adults during arrival and departure time.

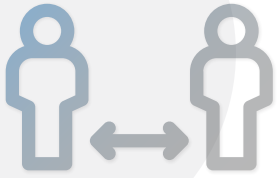
- A separate area for families who need to complete additional paperwork such as medication forms or temperature self-checks, should be made available. This area should be 2 metres from the sign in /out location. If there are more than one family completing this at a time, these areas should be 2 metres apart.
- Consider opportunities for outdoor programs each morning and afternoon to allow families to complete drop off and pick up outside.
- A separate area for families who need to complete additional paperwork such as medication forms or temperature self-checks, should be made available.

## STEP 2: Adequate Personal Protective Equipment & Essential Hygiene Products

The service is aware of the vital importance of having personal protective equipment and essential hygiene products. The Service Manager/Coordinator must ensure that there is enough Personal Protective Equipment (PPE) and essential hygiene products to last at least 48 hours. All facilities should be in good working order.

1. Personal Protective Equipment and personal hygiene equipment includes:
  - Soap
  - Sanitiser
  - Disposable gloves
  - Thermometers
2. Essential hygiene products include:
  - Toilet paper
  - Paper hand towel
  - Tissues
  - Cleaning detergent and disinfectant
  - Cleaning cloths (disposable), mops and buckets
  - Rubbish bins and liners
3. A service must not open if they do not have all of the above personal protective equipment and essential hygiene products.
4. The Service Manager/Coordinator must have the appropriate funding to replenish Personal Protective Equipment or essential hygiene products as required.





## STEP THREE: Workplace Precautions

Educators and parents both share responsibility for ensuring that infections are not brought into the service, to protect both children and co-workers.

1. Staff should avoid travel on public transport, if this is unavoidable, then they must maintain physical distance during their trip, bring their work clothes and shoes in their bag to change into (including changing shoes) when they arrive at the service.
2. All staff must immediately wash their hands for at least 20 seconds upon arrival and departure from the service, especially after public transport.
3. Staff must wash their work clothes prior to wearing them again at the service (i.e. split shift workers). Staff should shower before arriving at the service and when they return home each day.
4. **Staff must not work if they are feeling unwell/sick and should not come to work if their temperature is above 38 degrees.** Staff will be sent home if the Service Manager/Coordinator suspects that they may be unwell.
5. Families who work as frontline health workers are requested to wear a change of clothes when collecting their child after completing their shift.
6. The program will be designed as to promote and cater for **physical (social) distancing**. Children will be encouraged to maintain a distance of 1.5m, where possible. Signage and child-focused prompts will be used to encourage everyone to maintain a good distance from one another.
7. The service will ensure capacity is limited to promote physical distance. The service will ensure at least 4m<sup>2</sup> of space per person in attendance.

## STEP FOUR: Adequate Cleaning

The service must be thoroughly cleaned daily. Now more than ever, cleanliness is everyone's responsibility.

1. High traffic areas and high touch items in the service must be cleaned every 2 hours using detergent. This includes doorknobs, hand rails, coded door entries, exit buttons, and iPads. Workplaces should consider reducing the number of touch points for workers. For example, leaving access doors open, where appropriate.
2. Every toy and surface must be cleaned once per day. Toys that have been in close contact with a child, particularly face/mouth, must be cleaned before being used by another child.
3. The entire service must be thoroughly cleaned each night, if available, by a professional cleaner. The cleaning scope must include all surfaces, furniture and equipment.
4. Services will ensure that personal items such as hats are not shared between children.
5. Soiled clothing belonging to an unwell child must be sent home with the child and any bedding (such as cushions etc) the child has come in contact with washed immediately after the child leaves.
6. Personal belongings must be stored in a manner that reduces the potential for cross contamination, including lunchboxes and electronic devices.



## STEP FIVE: Adequate Staffing

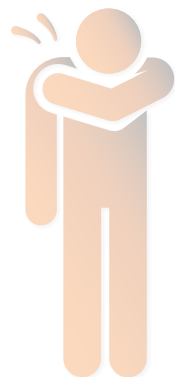
With falling attendances due to COVID-19, services are likely to be more than adequately staffed. Providers must be committed to ensuring there will be sufficient staff in place to ensure the safety of children and staff is met. Measures to have in place to address staffing include:

1. Under-the-roof ratios are discouraged during the COVID-19 epidemic and must only be used in the event child or educator safety and supervision is not compromised.
2. Additional staff must be rostered for routine cleaning and sanitising tasks throughout the day.
3. Where possible, group sizes must be smaller than minimum ratio to limit cross infection and promote social distancing.
4. Limit the cross-over of rooms in shared environments for example bathrooms, lunch areas, playgrounds, common service areas to limit the risk of cross infection within the service.
5. Fresh air and adequate ventilation are encouraged in the indoor environment, with open windows preferred to the use air-conditioning where building design and weather permits.
6. Grouping: It is the responsibility of the Service Manager/Coordinator and the Approved Provider to employ and roster educators as required to cover direct contact ratios during peak times.
7. Progressive mealtimes and self-service of food by children is no longer allowed. Educators must now serve all meals to children.



## STEP SIX: Personal Hygiene

The service has well developed hygiene practices that meet the standards of the state and territory health authorities for COVID-19. It is important in this current crisis every staff member pays specific attention to their personal health and hygiene. All educators must complete COVID-19 online training. Services should ensure that:



1. Staff and children wash their hands at the following times:
  - On arrival and departure from the service
  - Before and after consuming food or drink
  - After playing with toys or playing outside
  - When hands are visibly dirty
  - After going to the toilet
  - Before preparation of food or drinks
  - After wiping/blowing your nose, sneezing or coughing
  - After patting an animal
  - Before and after giving medication
  - After removing gloves.
2. Gloves must be worn for the following activities:
  - helping a child go to the bathroom
  - preparing/serving food
  - handling rubbish or carrying rubbish bags
  - using spray bottles with chemicals
  - supporting a child's hygiene/personal care
  - after cleaning up or touching sores, faeces, a wound, blood, vomit or other bodily fluids.

## Exclusions and Infection

Non-essential visits to the workplace should be actively avoided. Any deliveries and required contractors should be given clear instruction while on site.

### The following people will be excluded from entering a service:

- a) Any staff or child who has a temperature over 38 degrees.
- b) Any staff or child presenting unwell.
- c) Any staff or child who has been outside of Australia within the last 14 days.
- d) Any staff member, child or family who has returned to a state or territory where self-isolation border measures are in place. This does not include staff or families who cross affected interstate borders for work, school or medical purposes.
- e) Any staff or child who has been in contact with a person who has a confirmed case of COVID-19 or has been directed to self-isolate.
- f) Additional risk minimisation strategies and considerations must be implemented for staff who are defined as vulnerable or have care responsibilities for a vulnerable person. Vulnerable is defined as:
  - Suffering from a chronic medical condition
  - Suffering from a chronic autoimmune condition
  - Aged 70 years or older
  - High risk pregnancy



**The following rules apply if a child or staff member who is currently attending the service, has been diagnosed with a confirmed case of COVID-19. Currently attending is defined as a person who has attended the service in the last 14 days. The case must be confirmed by the state or territory health authority before action is taken and when directed:**

- a) All parents and staff must be informed immediately.
- b) The service must be closed immediately while contact tracing is completed.
- c) All relevant departments and regulatory bodies must be notified.
- d) A well-established industrial cleaning company must complete cleaning in line with the state or territory health authority instruction.
- e) The service must comply and follow the advice of the relevant health department. The advice of the state or territory health authority overrides all other regulatory bodies

### What if an employee does not feel safe with the practices at their service?

If a staff member is concerned that their service is not complying with these guidelines, this should be reported to the Approved Provider. We are all in this together. We want everyone to feel safe. We would encourage educators and staff to raise any issues with their Service Manager/Coordinator. If the issues cannot be resolved immediately, then the service encourages contact to be made with the representative of the Approved Provider.

All measures in this management plan are designed to help educators and staff members perform their duties effectively and safely. The Approved Provider recognises the importance of ensuring the accessibility of mental health support. The service has the following options available for this support:

- Regular support and contact with your Service Manager/Coordinator
- Employee Assistance Program (EAP)
- Public mental health services such as LifeLine